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CONTENTS.

Original Communications—

The Pathology of Hysteria. Read before the Chicago Medical Society. By Norman Bridge, M.D. 193

Arcolar Carcinoma of Omentum, Simulating Ovarian Tumor. Read before the Fond du Lac Med. Society. By N. Senn, M.D. 199

Fracture of the Patella. A Case. By W. D. Barclay, M.D. 202

Editorial—

Personal; Ethical; Foreign Honors 203

Society Reports—

District Medical Society—Organization completed. 203

Illinois Institution for the Education of Feeble-Minded Children. 204

Dubuque Meeting of the American Association for the Advancement of Science 204

Gleanings from Our Exchanges—

Surgical Treatment of Aneurism; Diagnosis of the First Stage of Carcinoma Colli Sterni 205

Schollmann on Sulphate of Quinine in Cholera; On the Treatment of Diabetes by Lactic Acid (Cantani's Method); Dr. Bonfigli's Summary of Therapeutics. 206

Chloralum and Preparations of Chloralum as Disinfectants; Photographing the Pulse; Ozone Tests; Digitalis Infusion 207

Book Reviews 208

Money Receipts to July 15 208

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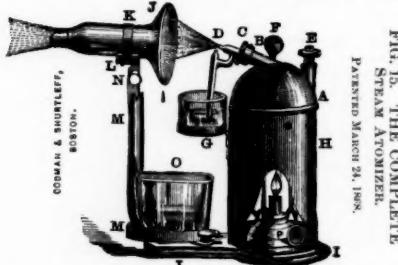


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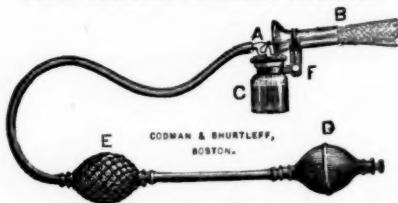
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EDITED BY

N. S. DAVIS, M.D., and F. H. DAVIS, M.D.

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Original Communications.**THE PATHOLOGY OF HYSTERIA.**

A Paper read before the Chicago Medical Society, July 15, 1872.

BY NORMAN BRIDGE, M.D.

Few diseases have been more carefully described, or, in symptomatic phenomena, are by the medical faculty better understood than hysteria. Yet in explaining the real nature of the diseased action, the pathology of the affection, there has been great difficulty, the causes and symptoms of the disease being often strangely confounded with each other, and with the way in which one leads to the other.

All are familiar with the phenomena of hysteria and all know about many of the causes, the conditions of bodily constitution and health, that lead to the strange manifestations. That certain peculiar mental states occur in many of the cases, and that in not a few there occurs a curious perversion of emotion and often as strange a lack of seeming sincerity and honesty, is all well known. It is less easy to see how any or all these conditions are related to such symptoms—how the latter are produced.

It seems to me that much of the difficulty of the question comes from our constant habit of looking for some lesion of an organ, some one poisonous agency or morbid influence as the cause of disease. It is the nature of our minds to do this. We find one poison to produce small-pox, or measles, or malarial fever; one agency to bring on pneumonia or rheumatism, and are satisfied. We examine the organs and influences of mind and body for some single thing as the cause of hysteria. We fail to see how any one of our supposed causes could possibly lead to all the phenomena of the disease, and so we are not satisfied.

There is not found any one lesion of body to be a constant attendant on hysteria; disease of the uterus has been thought to be such, but so far is this from the truth, that persons without the uterus have the disease;

probably in a majority of cases of hysteria no lesion whatever is discoverable.

So far as our insight can reach, the affection is, as near as any disease may be, a functional one; and its functional manifestations are of the nervous system, and of that part of the nervous system closely connected with the part where resides—to use a common phraseology—the mind. Indeed, in more than half the cases of hysteria, certain phases of mental manifestation are involved as elements of the trouble. What is the sly plot, the intrigue of the patient to arouse the sympathy of others in her case, but an operation of mind? And the hysterical convulsions into which a patient falls when bystanders are discussing her afflictions; could there be a better example of certain trains of thought on the body?

Nor is the cerebro-spinal the only part of the nervous system that is involved. The sympathetic, in all its influence over the circulation in different parts and over the operations of the visceral and glandular organs, shows that it too becomes included in the general diseased action.

The nervous system in its physiology, and more in its pathology, is a labyrinth. Yet I fail to see how the pathology of hysteria can be understood, save by a study of its phenomena of disease, from the standpoint of the physiology of the mind and higher nervous functions.

The phenomena of the disease are to a great extent phenomena of the mind, and such as may arise from the effect of the mental nature on the body, and we ought to study them as we would any other psychical phenomena—as we would insanity. Until insanity began to be studied from this standpoint the insane were locked up and treated like wild beasts, like murderers and those possessed of devils. Hysteria has been regarded as a condition of moral obliquity, as a synonym of deception and often of ugliness; physicians avoid telling their patients they have the disease, lest the statement might be regarded as an insult, as an accusation of lying would be. When the physiology of all mental acts comes to be more understood

this humiliating condition of things may, let us hope, be bettered.

The operations of mind in all its phases—with all its faculties, supposed to be different things—more truly different modes of action of one great organ—its connection with organs of the body, its influence on them and their influence on it; all these actions, interactions, and relations, make of course a study of singular complexity. Yet only by going into the detail of these things can we arrive at the correct nature of any disease in which mental operations play a chief part—of a disease like hysteria.

Nearly all actions, and many thoughts, to which human beings are impelled, have for their directing influence some feeling of pleasure or pain to the individual doing them. This is the essence of the first law of our natures—self-feeling, love of the things that will profit and please, and dislike of the things that may in any way cause pain.

This feeling gives color to thought, it influences and moulds thought and reasoning, and the two together make what we call *emotion*. The emotional nature which we are told has so much to do with hysteria is simply that capacity or faculty by which the operations of reasoning and abstract thought are influenced by this native self-feeling. One in whom this control is great is said to have a powerful emotional nature.

It is that faculty out of which directly or indirectly come the sympathies, the affections and attachments, the envy, hate and jealousy. Women have it more than men, but all people have it. It is distinct and has a different seat in the brain from reason or ideation.

A man can reason as well on mathematics, law, or medicine, without the emotions; in his reasoning they are not required. His reason deals with abstract things; his emotions deal with himself. Reasoning is an endowment by which we are able to comprehend the relation of things in such fashion that we are called superior beings; that which is the main-spring of the emotions is the endowment by which we are made to care for self, to have associations and society; out of

it grows most of the amenities of life, and by it are developed elements of our better nature.

The emotional processes have their seat, according to authors, in the sensori-motor centers—the optici tholami, corporae striatæ, and tuberculæ quadrigeminae, the ganglionic nuclei of the nerves of the special senses, and possibly the cerebellum, the ideational function being carried on by the cerebral hemispheres.

This mass of brain substance—the superior lobes—is unconnected with the body by any nerves save what pass through the sensori-motor centers; it is hence placed beyond the reach of impressions or sensations from without, and is unable to send any impressions to the body except as they all pass through the last named centers. These centers in the base of the brain then, receive all the nervous impressions that come from the body; in them, by the relaxation of these impressions, most of the impulses—not the ideas—originate. From these centers the impressions that are made upon them pass up to the ideational centers, and through them the volitions of these upper centers are made into actions through the bodily organs. If the impressions made on the sensori-motor centers are brief or slight, they give use to sensation and reflex action directly, without affecting the center of ideation, while if they are severe or long continued, they are transmitted upward to the centers of reason. The sensori-motor are the only centers which affect directly the bodily organs, and it is they that are, of all the brain centers, affected by them; it is to them the organs in some way make known their needs and their complaints.

This sympathy between the mind centers and the organs must be kept constantly in view; as a force in our physiology it is almost all-controlling. The condition of every organ of the body influences the state of mind; their various states lead to nearly all the moods. Irritation of the lung substance, as in consumption, causes a buoyant mood; that of the liver, one of despondency and gloom; a patient with heart disease is kept in horrid suspense of mind, while any irrita-

tion of the sexual organs, as is well known, influences the mood of mind more than that of any other part.

It is not unlikely that nearly every morbid mood into which we fall, if not directly due to some external cause, may be explained by some state of bodily organs. And if irritation of an organ for a short time may evidence a mood, it may, long continued, make that mood a fixed mental state, a characteristic of mind, a part of individual character.

In this way men, from irritation of stomach, become habitually morose, so that on a cure of the dyspepsia the mental state does not entirely recover; men are made chronically melancholy by some irritation of liver or heart, and insane about self-abuse of the sexual organs.

Not only do bodily conditions determine mental states, but every unusual mood of mind directly reflects on the organs of the body and tends to induce that condition which, itself otherwise induced, would cause the mood. The familiar effects of mental states on the action of glands, of digestive organs, of the heart, and on the sexual system, are only a few examples illustrating this principle.

If again a certain frame of mind, momentarily induced, can so affect bodily organs, the condition long continued or made habitual, must induce permanent changes in the health and condition of such organs.

Mental states, besides largely determining the functional activity of visceral and glandular organs, induce all sorts of muscular action and of sensation, evincing the sympathy between mind and the animal nervous system. The range of this influence is very wide and varied. A physician in this city has been subject for many months to attacks of gastralgia or of sciatica whenever he engages in difficult study. A gentleman connected with the press has, for several years, whenever engaged in perplexing brain-work, felt a pain in the back side of his head, on the right side of the mesial line. People subject to all degrees of chorea are frequently thrown into the worst muscular action by mental embarrassment. Dr. H. Jones says,

that "sudden fright causes epilepsy, and next to this fits of passion, distress of mind, and venereal excess," produce it. I am informed of an intelligent woman, now residing in this city, who, on becoming frightened or receiving any profound mental impression, has a severe pain the whole length of the spine, and this is the only symptom she has.

With these facts closely in mind, if we could gain fully one other principle of physiology, it seems to me we might get some insight into the correct nature of the production of hysteria.

That principle is this, that every faculty of mind—of nerve center—*grows by exercise*. This is true of memory, of reasoning, of ability to do in any one direction; it is because of this fact that everything is learned, that we acquire the ability to do certain things, as it were, by intuition. The intuition is only a state of nerve-culture, inherited or gained by habit, by which certain acts are performed more easily than others.

Every tendency of mind that is abnormal, if persisted in, becomes the settled habit of the individual; it becomes with him automatic; it is a part of himself; it has come to be an instinct. This seems to be more true of the emotional than any other manifestation of mind.

Now, at any time, and in any organism, emotion has a strong influence on bodily functions. If any phase of emotion is persistently indulged in, repeatedly exercised, or stimulated, its power over the body and being will grow to be almost supreme. This occurs from the close sympathetic connection between the general nervous system and the sensori-motor centers; the phenomena are morbid in character as well as time and place, and the emotion acts as any other abnormal stimulation might to produce them. So powerful is this, that in one in whom the emotional nature has become, by constant stimulating and pampering, or by any means overgrown, any slight disturbance causes the muscles of the body to be thrown into violent contortions, the sensation of choking to be felt in the throat, or violent weeping or laughter to be manifested. We call it hys-

teria, but it does not differ in nature from many phenomena in persons not hysterical.

But this case supposed is a form of hysteria in which evidently only the emotional centers—the sensori-motor—are involved. Such patients will show no signs that the reasoning powers—the ideational centers—are at all disordered. They will be conscious of what they have been doing, will be free to talk and reason about it, and not unlikely will reproach themselves for being silly and not having more self-control. Their logic, whatever else happens, does not get faulty.

The more common form of hysteria is that in which the erethism of the emotional centers has affected those of ideation—the same sequence of events absorbed in most regularly progressive insanities—and the other symptoms are joined with wrong mental action, distorted conception of things, and the patient comes to have a fixed delusion. This often makes her to indulge in all shades of deception and intrigue, even to the subjecting herself to severe suffering, to keep up the belief in her ills and to arouse for herself sympathy.

This patient is insane; and I fail to comprehend how her case differs, in the nature of the elements involved and in their order, from that of any true ideational insanity of a mild type. In insanity the first step is disorder of the sensori-motor centers, giving hallucination to erratic conduct; then this disorder is extended on upward to the superior centers, the seat of ideation, and there is an outright delusion; the man's reasoning is deceptive and wrong. How closely does this agree with the description of the steps in the progress of hysteria.

Patients with the latter form of hysteria will never acknowledge their erratic conduct, will never talk about it with an open frankness; if spoken to in reference to it, they will evade the subject, or break out in laughter or crying.

One of the most positive proofs that ideational insanity, in any case, still exists, is that the patient remains utterly oblivious of the fact that delusion has existed; a clear

proof of ideational hysteria is the persistent evasion of the subject by the patient.

Now, let the symptoms and conduct due to this mental and nervous state—the hysterical symptoms—be often repeated, and the cerebro-spinal axis becomes so habituated to them, that it will, on slight disturbance of any sort, cause them to be reproduced. It becomes a habit of the nerve centers, and can no more be prevented than the lower animals can avoid doing what they are by instinct impelled to do.

So it happens, that in these confirmed hysterics, the fits continue to recur long after the patient has honestly tried to stop them. They come on without her consciousness even; they are her automatonism.

In the way of its production and in its *modus-operandi* a case of this description cannot differ very far from a case of confirmed epilepsy, the first fits of which were induced by act of will; several such cases being on record. It is even more like a case of confirmed epilepsy, the first paroxysms of which were caused by reflex irritation of some sort, in a weak and nervous system; which case, by the way, is exceeding common.

In the worst cases of hysteria then we have, to begin with, a perfectly natural emotion. From some disease of an organ, some weakness of organization it may be, this emotion is too much indulged in; then comes out of it the natural love of being observed, the desire for sympathy and pity. The more the mind dwells on the pity of others, the more rapidly grows the feeling, and she comes to care more for the sympathy others have for her than she does to recover from any infirmity. Her chief enjoyment comes to be in the consideration and attention of others and the thoughts about herself; the thought comes to be painful that a time must come when, by her recovery or otherwise, this sympathy will be withdrawn. It is only a short step from this condition, only a slight change in the state of mind, to one in which she will, by systematic planning, keep up the interest and wonder in her case, in which she will deceive others and injure herself to accomplish this purpose.

At first thought such a gradual change from a normal mental state to one of such perversity, seems absurd and wholly unaccountable, except on the theory of thorough depravity. But when the strong love of self, of appearance, of popularity, of being thought remarkable or peculiar, which are such constant parts of all our natures, are considered, it is so far from strange that a little stimulation or overgrowth of the emotions should lead to all these, the symptoms of hysteria, that the greater wonder is we do not see ten times as much of the disease as we do.

But, however caused, the nervous symptoms of hysteria—the choking, crying, laughing, paralysis, spasmodic contraction of muscles, and diseased sensations—must be regarded as hardly possible to occur in any but a nervous system in some way weakened, by overwork or other cause of debility; with such debility it is always more easy for any similar symptoms to be produced.

With all debility of nervous and muscular tissues, their irritability is increased; and the more easily are sensations and motions induced. They occur on slighter stimulation, and are made more active on the ordinary normal stimulation. This is a law of the system, of the physiology, which is pathology; it further seems to be a law of the system that, as this debility comes on, and this irritability increases, the tendency grows for the various functions to be unnatural in character, as are the spasms and morbid sensations. Yet these erratic phenomena, the spasms of all sorts, the pains and abnormalities of sensation, are little more than what might be produced by simple increase or decrease in the normal function.

We have a multitude of examples of this erratic action in various diseases besides hysteria, and in many others besides this affection the mental state acts as a stimulant or irritant to the sensitive motor centers to produce the phenomena.

Epilepsy is one of them, directly and clearly produced by mental action; by fright, anger, and other depressing passions, as well as outright intention to produce it. Chorea is due very frequently to fright and terror in

children, and is vastly aggravated by mental worry and embarrassment; it occurs, moreover, chiefly in children, stamping it as a disease of delicate nervous systems.

Indeed chorea, epilepsy, and hysteria seem to be convertible conditions, insomuch that they frequently take the place of, and are substituted by, one another. The jerking in torticollis and even asthma are aggravated and occasionally induced by emotion.

But we ought to expect that fatigue alone of the nervous system would, in certain sensitive natures, give rise to many of the symptoms of hysteria. It would require a peculiar organization doubtless, but we have analogue in the case of convulsions of children from debility, in which the text-books caution us against treating the cases for cerebral inflammation; also in the case of violent struggling of men and animals on losing suddenly a large quantity of blood—in which there is debility suddenly induced of the nervous system, but no outright lesion of it.

It is no more remarkable that hysteria should, in its symptoms, be produced likewise by debility, and it is the clinical fact that cases of this character frequently occur; cases in which there is no abnormality of emotions whatsoever.

Thus we have three forms of hysteria:—
(1.) That due to overgrown emotions acting on a weakly nervous organism, but without will or ideational function entering into it as elements. (2.) That in which, in addition to these conditions, the ideational powers are involved—purposeless deception and delusion. (3.) That in which the only pathological condition consists in an overtiring of an already sensitive, nervous system.

Probably the ultimate nature of many of the symptoms of hysteria no man, in the present state of pathological science, can fully explain; but what I am anxious we should keep in view in this discussion is, that the functional symptoms differ in nature very little from those of many other diseases, such as epilepsy, chorea, and anaemia; that they are not the outgrowth of any new force operating in the system, of anything introduced specially into it, but are due to the

forces and powers that are natural, and these may occur in any person.

We may invoke congestion and anaemia of nerve centers and their paresis to explain these functional symptoms; we may say that reflex irritation causes them, or attribute them to any other of the palpable causes which even lead to such symptoms, and we will probably be doing a perfectly warrantable thing, for all such agencies doubtless do operate at times in producing the phenomena. But we must keep in mind that exactly the same causes induce the symptoms here as in other diseased conditions, and when we get at the explanation of them elsewhere, we will have the science of them in hysteria. Above all we must remember that habitual exercise of any nervous center, faculty, or element, tends to be repeated and to have increased power in this direction, and that in this way abnormalities may easily grow up through the emotional condition, giving us all the phenomena of hysteria. This fact, that the abnormal functions of sensation and motion may be induced by the character of development of faculties of mind—really the automatism of those nerve centers most closely connected with the bodily functions—seems to me to be the most distinctive feature of the pathology of the disease under consideration.

The foregoing view leaves untouched some questions regarding this disease which deserve consideration. Among them is the question, first, of what part disease of the uterus plays as a cause of the malady; and, second, why women have the disease more than men.

There are large numbers of women who, with every form of disease of the uterus, are entirely free from hysteria, and there are but very few who seem to be thrown into the hysterical state solely by disease of this organ. These facts are well substantiated, and seem to warrant us in assuming that disease of the uterus does not act in any marked manner as a cause of hysteria.

But there is a way in which we conceive the condition of the uterus has much to do with this affection. Hysteria is pre-eminently

a disease of the emotions, which perhaps, stated differently, is to say, that hysteria, in a majority of cases, is some unsatisfied like or dislike. I am not sure but this division of hysteria would be properly defined as a disease of the nervous system due to an unsatisfied longing for some stimulation—the stimulus, the longing, or both, being morbid.

The emotions are pre-eminently the outgrowth of the states of the sexual organs, in both sexes. Not that emotion cannot exist save as determined by these organs, but they are more vital and absolute in the control their condition has over the emotions, than almost all other organs put together. The change in the life of the eunuch by his castration is chiefly in his emotions. Men born with testicles atrophied, or in whom this change has spontaneously occurred afterwards, and women without ovaries, illustrate equally this principle. But the various states of quiescence and stimulation of these organs that we see every day in naturally formed people, prove this law better than any condition of monstrosity.

If emotion hence can be induced at all, or directed, it is most easily done by some state of the sexual system. In proportion to the early development or the active nutrition of the uterine system, in proportion to the irritation of this system, we may fairly conclude would be the vigor of the emotions. This is what observation shows to be true. Hysteria does not most often occur in women with diseased uterus; but in those whose sexual systems, by the pampering of society life, by a self-life in lascivious thoughts, or by a very rapidly growing physical frame, are highly developed and sensitive; in those in whom this system is active in its control of the functions.

The male sex illustrates the same principle. When there is real organic disease of the sexual organs, as inflammation or ulceration, there is seldom much change in the emotional state; but let these organs be over-stimulated, as in boys addicted to abuse of self, or in persons who indulge in venereal excesses, and see how quickly the peevishness, egotism, jealousy, and unaccountable temper, pro-

nounce a state identical with hysteria. The trouble is too much excitement of the sexual system. Take again the case of an elderly man who, after years of regular and legitimate sexual indulgence, is suddenly deprived of it, and the restraints of society compel his continence, and note how soon his emotional nature discloses the fact; he indulges in sickly sentiment, in writing poetry, he thrusts himself into female society, and does a dozen other things he would before have believed himself incapable of.

Let the emotional nature be aroused by any other cause and there can be no question it would and does act directly upon the nutrition of the uterine system to stimulate it and make it sensitive. The two states are accompaniments of each other. So it must happen that, with the increased emotional activity, there would be a congested, over-stimulated, sensitive condition of the uterine system.

Such conditions are always most conducive to the development of diseases of the uterus; they are so written down in all the textbooks on gynaecology, and beyond question correctly so written.

The uterine disease and the hysteria then are, as a rule, like results of the one cause, and not respectively cause and effect, and I believe this is the only and the true relation between the two conditions.

This view too explains the fact that women have more hysteria than men. The uterine function in woman's physiology plays a more important part than any function, than almost all the functions in the body of man, except only those functions called vital; all of which is sufficient reason why she might be expected to have more emotion than man. And perhaps this is the only way in which the evident plan of her creation was to be carried out, by which to fit her for the highest office human beings fill—that of motherhood—it was evidently meant she should have less coldness and more emotion and tenderness than man.

Her weaker physical frame and her liability to frequent physiological drains on her vital powers, are sufficient causes for her giving

way to the emotions more readily and having less nervous self-control than man. And this explains the increased hysterical tendency.

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AREOLAR CARCINOMA OF OMEN-TUM, SIMULATING OVARIAN TU-MOR.

BY N. SENN, M. D., ASHFORD, WIS.

Read before the Fond du Lac Co. Medical Society, Dec. 25, 1871, and published by request.

We often obtain great benefit from the mistakes of others.

This rule is applicable not only to merchants, clergymen and lawyers, but more than equally so to the medical profession. What an everlasting impression is made upon the mind of the novice in medicine, when he reads in every standard surgical work, the story that no less a man than John Hunter tapped the bladder for ascites, and in Sir Astley Cooper's Lectures he hears of the famous "dry tap." These are lessons never to be forgotten; they have stamped themselves indelibly upon memory's tablets, and present themselves fresh and anew every time he is called upon to treat an obscure abdominal enlargement. If medical men would be more honest, and as anxious to report their mistakes as their correct diagnoses—their unsuccessful cases as well as their successful ones—our field for progress would be a wider and more fertile one, our statistics more extensive and reliable.

Obscure abdominal tumors and enlargements are some of the most difficult and perplexing affections to diagnose. Of this we had lately an instructive illustration in the case presented by myself to the members of this society for examination and advice at the last meeting. I refer to the lady with the abdominal enlargement. As the opinions of those present differed widely as to the nature of her case at the time, it must be interesting for you to hear further from the case.

The patient has since died. A post-mor-

tem examination—which was insisted upon and finally consented to by her relatives and friends—has revealed the true nature of that enlargement. I will, however, attempt first to give a full history of her case.

Mrs. E.; æt. 44 years; no hereditary diseases existing among her family relations. She was the mother of six children; a robust, healthy, active woman. After her second confinement, fourteen years ago, her abdomen remained larger than usual; she suffered some from backache, general debility, and menorrhagia. She obtained no benefit from medical treatment. Two years after, she was delivered of her last child, being now twelve years of age.

The same train of symptoms reappeared. Menstruation ceased about a year ago. She remained about in the same condition until the latter part of last summer, being able up to this time to attend to her domestic cares, and even work on the farm; from this time, however, she thought her abdomen began to increase in size.

When I first examined her, about two months ago, she appeared like a woman in good health, ruddy complexion and well nourished; pulse 75; respiration normal. She complained of some pain and a feeling of distress in the umbilical region; appetite poor; bowels constipated; no prominent pelvic symptoms.

A physical examination of the abdomen and pelvis presented the following facts: Abdomen nearly as large as at full term of pregnancy; in the erect position it was prominent, projecting forward; dullness on percussion from pubis to umbilicus. In the recumbent position on her back, with the legs drawn up, considerable of the rotundity of the abdomen remained; right iliac region more prominent than the left; percussion dullness more marked and diffuse on right than on the left side, and extending from pubis to near umbilicus; some changes in percussion sound in different positions; the right iliac region, however, remaining perfectly flat. Although no distinct and circumscribed tumor could be satisfactorily felt, still there existed a fullness and sense of resistance from the umbilical to

the right iliac region. Fluctuation distinct; uterus slightly prolapsed and pressed forward towards the pubis; uterine sound passes to the depth of three inches; body of uterus easily movable in all directions. Liver, heart and lungs apparently healthy in function and structure; urine scanty, loaded with amorphous urates, containing no bile nor albumen.

With this history of the case, and these physical signs and symptoms, it was difficult to describe whether we had to deal with a simple serous effusion into the peritoneal cavity, or with a large multilocular ovarian cyst. The patient was unable to state when the enlargement first commenced.

On the one hand, the healthy condition of the central organs, and the absence of cancerous tumor or tubercular deposits in any other organ or part of the body, seemed to be against the supposition of ascites; on the other hand, the patient claimed to have suffered from enlargement of the abdomen and pelvis symptoms years before. Various remedies were administered, but all failed to reduce the swelling or even afford temporary relief. The abdomen gradually but steadily increased in size; the general health began to fail.

Soon after you saw her, she was confined to her bed; the pain became excruciating; total loss of appetite; hectic fever and rapid emaciation followed.

On the eighth day of November the abdomen was so much distended, that it materially interfered with respiration. She was now tapped in the ordinary manner and about four gallons of serum removed. The fluid was strongly alkaline, with a specific gravity of 1012° , and on the application of heat and nitric acid deposited half of its volume albumen.

The relief afforded by tapping was only partial; the pains continued in their severity, and required large doses of morphine to moderate them. Soon after the operation the right leg became œdematosus; her abdomen refilled rapidly; prostration with profuse sweating followed.

On the 20th of November I was sent for

to frequent physiological drains on her vital powers, are sufficient causes for her giving

case. The patient has since died. A post-mor-

THE MEDICAL EXAMINER.

201

in great haste to tap her again, but before I arrived she had a severe rigor, followed by intense abdominal pains, delirium and collapse, from which she never rallied. She died in the evening of the same day.

POST-MORTEM EXAMINATION TWENTY-FOUR HOURS AFTER DEATH.

Nearly as much fluid was removed as during the first tapping. The serum was of a straw color, and contained patches of lymph.

On opening the abdominal cavity, the parietal peritoneum was found congested, its surface perfectly smooth. The omentum almost over the entire surface presented one diseased mass. It appeared to be infiltrated and covered by a heterologous formation of variable color and consistency. At some points there were masses of a dull white color; at others resembling white jelly; and still others of an almost brownish hue as though blood had been intimately mixed with it. The consistency varied from a jelly like amorphous mass, to the natural density of the tissues in that locality. The omental fat was interspersed in various proportions with these deposits; in some localities it preserved its normal quantity and appearance, while in others it was entirely replaced by this new material. The vascularity was great in some portions, while others were almost devoid of vessels. The omentum was adherent to some of the intestines beneath.

The greater part of the tumor was located in the right groin, where it was so extensive as to press upon and partially obliterate the iliac vein, giving rise to œdema of the right leg during life. The mesenteric glands were only moderately enlarged. All the rest of the abdominal organs, with perhaps increased vascularity, were healthy.

With the microscope, large, round, oval and irregular cells, with large nuclei were found, also free nuclei, and fat globules.

Our literature on this subject appears to be very deficient. I have searched through the contents of several volumes of different medical journals, and have been unable to find a similar case. Some authors fail even to mention it in their text books.

Flint in his "Practice of Medicine," page 454, says, "Cancer of the peritoneum or omentum may occur primarily or by extension. Patients suffering from it may suffer but little pain, and be entirely free from tenderness. It generally proves fatal from one month to a year or more."

Niemeyer in his excellent work, vol. I, page 703, remarks: "Of the different kinds of cancer of the peritoneum the areolar is the only one which is accompanied by ascites. Schirrhous and medullary appear in the form of diffuse granulations over the whole peritoneal surface about the size of a pea. Areolar cancer, on the other hand, sometimes forms colossal tumors, which are almost exclusively formed in and on the omentum.

"The first symptom is the effusion. The diagnosis from ovarian dropsy he mentions to be in some cases extremely difficult and perplexing; even Bamberger's test, the percussion sound in the lumbar region, between the crest of the ilium and the last rib, frequently fails."

Bardeleben in his recent edition of his Extensive System of Surgery, vol. I, page 527, gives a very accurate anatomical and microscopical description of this affection.

"Areolar cancer of the peritoneum or omentum, generally appears as a diffuse affection, less frequently in the form of circumscribed tumors. It appears first in the shape of small tubercles the size of a hemp seed, either isolated or in groups; they are transparent or jelly-like. They gradually increase in size and coalesce into large irregular plaques, so that the peritoneum soon appears covered with a thick, jelly-like mass. The histological elements of the stroma vary. The coarse portion consists of distinct and strong connective tissue, which very much resembles the elastic fibrous tissue of the lungs, and when fully developed, contains but few cellular elements.

The finer portion is composed of a more uniform homogeneous or slightly fibrillated structure, and not infrequently contains round or oval nuclei and spindle shaped cells, with long projections, so that the finest network presents the appearance of being composed of arborescent and anastomosing connective

tissue cells. The vascularity of the stroma varies in different cases. It has been frequently observed that during the first stages of the disease there is marked hyperaemia around the individual centers of development, which undoubtedly is due to the genesis of new blood-vessels. The capillary vessels increase in size and multiply in number by the budding process. As a general rule the soft forms of areolar cancer are more vascular than the more compact ones. At an advanced stage of the development of the growth the vessels get destroyed. The chemical composition, according to Frerichs is similar to the synovia containing albuminate of soda.

Virchow denies the protein nature of this substance, and believes that mucus is the only material found in the normal condition of the body, bearing any chemical resemblance to the colloid substance. A microscopical examination of the colloid material demonstrates that it is composed of an amorphous mass, containing different kinds of cell structures, fat globules, either free or in cells, pigment molecules and pieces of stroma.

John Mueller, Virchow and Luschka found also fat crystals and cholestrin. The cells are conspicuously large, oval, or round, and contain a hyaline, tenacious substance, one or two nuclei, and sometimes a number of endogenous cells. The diameter of the cells range from 1-100 to 1-30 of a line; that of the nuclei from 1-200 to 1-70. In some cases the cells are similar to those found in medullary cancer. In some only the intercellular substance possesses a mucous or jelly-like property. Sometimes we find enormous cells at the periphery of the growth, appearing to the naked eye like macerated sage, containing a number of endogenous cells.



FRACTURE OF THE PATELLA.

A CASE BY DR. W. D. BARCLAY, MUSCATINE, IOWA.

A gentleman, fifty-five years old, in getting out of a wagon, lost his balance and fell on the ice, making a transverse fracture of the

left patella. Three days after I was called, the tumefaction and pain was so great, he suspected something wrong. I could indent the tumor sufficient to get my fingers between the pieces of bone, and easily move the pieces in separate directions.

The treatment consisted in a continuation of pouring cold water on the limb for twenty-four hours, reducing the swelling. I took adhesive straps three-quarters of an inch wide (the leg being in a straight position), drawing the lower part of the bone up—the straps running transversely, and up to the lower end of the femur—and the upper half drawn down in the same way, until I had perfect apposition of the bone; thence transversely over the fractured parts to hold them in position. The splint consisted of flannel cloth (double), reaching from the upper third of the femur to the lower third of the leg; sewing two seams up the center of the cloth, one inch apart, for the purpose of a hinge; stitching the upper layer of cloth to the inequalities of the limb, making a perfect fit. Mixing gypsum to the consistency of thick cream; spreading it three-eighths of an inch evenly over the cloth that covers the leg; then sewing up the outside part evenly before the plaster is set. The splint is then perfect to remove and put on as often as necessity requires.

At the end of six weeks the bone was united, the splint removed, and passive motion given. At eight weeks the adhesive straps were removed, and the patient walked with a crutch, and at twelve weeks walked comfortably, bearing all his weight on his leg. Cured.

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BROMO-CHLORALUM.—This is a very efficient antiseptic, disinfectant, and deodorizer. It possesses the decided advantage of being in itself inodorous and nearly devoid of irritant properties, when locally applied. The writer has used it in many instances as a substitute for solutions of carbolic acid, with very pleasant results. It is not an anæsthetic sedative, like the latter, in its local application, and hence, in many instances, is preferable. We consider it a valuable addition to our medical armamentarium.—*Chicago Med. Jour.*

THE MEDICAL EXAMINER.

203

THE
MEDICAL EXAMINER.*A Semi-Monthly Journal of Medical Sciences.*

EDITED BY

N. S. DAVIS, M. D., AND F. H. DAVIS, M. D.

Chicago, July 1st, 1872.

EDITORIAL.

DR. H. R. STORER.—This gentleman, who has suffered a severe period of sickness, is now reported recovering.

ETHICAL.—At the recent annual meeting of the Michigan State Medical Society, three female physicians were admitted as members; and a resolution was adopted of the following import: "That the State Medical Society of Michigan adopt as one of its standing rules that members of the Society are strictly prohibited from advertising their business in any way but the following: 'John Doe, M. D., Physician and Surgeon,' or 'Oculist and Aurist,' or any other specialty, at the same time giving the number of office and name of the street on which it is located. If anything further is advertised, the member so offending shall be expelled. Specialists, who advertise as such, are not allowed to engage in general practice."

FOREIGN HONORS.—The degree of Doctor of Civil Law has been conferred by the University of Oxford, England, upon Dr. Samuel D. Gross, of Philadelphia. The Obstetrical Society of London has elected to membership Drs. C. E. Buckingham and W. L. Richardson, of Boston. The King of Sweden has conferred the knighthood of the Royal Order of the Wasa upon Dr. Lewis A. Sayre, of New York.

Society Reports.

DISTRICT MEDICAL SOCIETY—ORGANIZATION COMPLETED.

Pursuant to adjournment the physicians of Central Illinois met in Farmer City, July

2d, 1872, to complete the organization of "The Central Illinois Medical Society." Meeting called to order by Dr. C. T. Orner, Chairman.

Reports of committees being the first thing in order, the Committee on Constitution and By-laws, through their Chairman, Dr. John Wright, submitted a copy, which, after one or two amendments, was unanimously adopted.

Committee on Nominations, through their Chairman, Dr. Hill, reported:

For President—Dr. John Wright, Clinton.

For First Vice President—Dr. M. S. Brown, Urbana.

For Second Vice President—Dr. C. T. Orner, Saybrook.

For Corresponding Secretary—Dr. R. G. Laughlin, Bloomington.

For Recording Secretary—Dr. W. G. Cochran, Farmer City.

For Treasurer—Dr. H. C. Howard, Champaign.

For Censors—Dr. W. Hill, Bloomington; Dr. T. D. Fisher, Le Roy; Dr. J. T. Pearman, Champaign; Dr. C. Goodbrake, Clinton; Dr. J. S. Miller, Farmer City.

Report adopted.

Drs. Huddleston and Hill were appointed to conduct the President to his chair, when, by a few well timed remarks, he thanked the Society for the honor conferred upon him.

A motion that when we adjourn we do so to meet in Bloomington was carried unanimously.

Dr. R. G. Laughlin introduced the following resolution, which was adopted:

Resolved, That standing committees be appointed by the President on the subjects of Surgery, Practical Medicine, and Obstetrics, and that other Standing Committees be appointed at the option of the Society.

In accordance therewith the following committees were appointed:

On Surgery—Dr. C. Goodbrake, Clinton; Dr. W. Hill, Bloomington; Dr. J. T. Pearman, Champaign.

On Practical Medicine—Dr. R. G. Laughlin, Bloomington; Dr. J. D. Gardner, Mahomet; Dr. T. K. Edmiston, Clinton.

On Obstetrics—Dr. S. H. Birney, Urbana; Dr. T. D. Fisher, Le Roy; Dr. J. S. Miller, Farmer City.

Committee of Arrangements—Dr. R. G. Laughlin, Dr. W. Hill, and Dr. R. D. Bradley, all of Bloomington.

Committee on Publication—Dr. W. G. Cochran, Farmer City; Dr. S. H. Birney, Urbana; Dr. W. Hill, Bloomington.

Dr. Laughlin offered the following resolution, which was unanimously adopted:

Resolved, That the thanks of the Central Illinois Medical Society are hereby tendered to the Good Templars for the gratuitous use of their hall, and to the profession and citizens of Farmer City for their cordial hospitalities.

On motion of Dr. Hill, the Secretary was instructed to furnish copies of the proceedings for publication in the different county papers and the Chicago medical journals.

On motion, adjourned to meet in Bloomington, Illinois, on the second Tuesday in January, 1873.

Papers in the district, please copy.

W. G. COCHRAN, Sec'y.

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ILLINOIS INSTITUTION FOR THE EDUCATION OF FEEBLE MINDED CHILDREN.

This Institution, which was inaugurated in 1865 as an experimental school for the education of feeble minded children, has been so successful in training this unfortunate class that at the last session of the General Assembly it was organized upon an independent basis, and was incorporated as one of the permanent charitable institutions of the State, thus completing the noble circle of public charities of the commonwealth of Illinois.

The design and object of the Institution is to furnish the means of education to children and youth of feeble minds, who are deprived of educational privileges elsewhere, and who are of a proper school-attending age. It is designed for those so deficient in intelligence as to be incapable of being educated at common schools, who are not epileptic, insane or deformed.

The education furnished by the Institution will include, not only the simpler elements of instruction usually taught in common schools, where that is practicable, but will embrace a course of training in the more practical matters of every day life; the cultivation of habits of decency, propriety, self-reliance and the development and enlargement of a capacity for useful occupation.

The combination which this Institution presents, of practical medical care and proper physical and mental training, with efficient educational resources, will supply, it is hoped, a want which has long been felt and imperatively demanded by this unfortunate class of children and youth of the State.

The improvement and progress of the pupils have been very encouraging, and

parents and friends in almost every instance have expressed satisfaction with what has been accomplished in the short time since the school was organized.

The Institution is open to the inspection of the public at all reasonable hours; and all are not only cordially invited, but are earnestly requested to visit the school.

It is a State Institution, and board and tuition are free during the school year of ten months.

It is the desire of the Trustees to ascertain accurately the number of this unfortunate class of persons in the State, and persons knowing the residence of any in Illinois will confer a favor by reporting the same to the undersigned, as it is desirable that reliable statistics may be gathered in order that proper legislation may be made in their behalf.

The next school year will begin about the first of September, and those designing to apply for the admission of pupils should do so at once, as the accommodations are limited.

Applications for admission, information, etc., should be directed to

DR. C. T. WILBUR, Sup't,
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• • •

DUBUQUE MEETING OF THE AMERICAN ASSOCIATION FOR THE ADVANCEMENT OF SCIENCE.

CIRCULAR OF THE LOCAL COMMITTEE.

The objects of the American Association for the Advancement of Science are, "by periodical and migratory meetings, to promote intercourse between those who are cultivating science in different parts of North America; to give a stronger and more general impulse, and a more systematic direction to scientific research in our country, and to procure for the labors of scientific men increased facilities and a wider usefulness."

The following extracts from the Constitution and Resolutions of the Association relate to membership:

Rule 1. Any person may become a member of the Association upon recommendation in writing by two members, nomination by the Standing Committee, and election by a majority of the members present.

Resolution 9. Associate members may be admitted for one, two, or three years, as they shall choose at the time of admission; to be elected in the same way as permanent mem-

THE MEDICAL EXAMINER.

205

bers, and to pay the same dues. They shall have all the social and scientific privileges of members, without taking part in the business.

The Twenty-first Annual Meeting of the Association will be held at Dubuque, Iowa, commencing Wednesday, August 21, 1872, at 10 o'clock A.M.

On the evening of Wednesday, August 21, a reception will be extended to the Association by the Hon. Wm. W. Allison, U. S. Senator elect, and Chairman of the Committee of Reception. Response from the Association, after which Prof. Asa Gray, retiring President of the Association, will deliver his address and give up the chair to his successor.

From the success that has already attended the efforts of the Special Committees, and the expressed determination of the citizens to extend a liberal hospitality to the members, we can confidently promise that all can be entertained at private residences, *free of charge*, during the session.

The Local Committee, therefore, earnestly request those intending to be present to notify the Local Secretary by letter as soon as possible.

Members and those intending to become members will report immediately upon their arrival at the Reception Room of the Local Committee and register their names, when they will be conducted to the places to which they have been assigned.

Notice of the location of the Reception Room of the Local Committee will be posted at the railroad depots, steamboat landings, and in the street cars and omnibuses of the city.

Negotiations with the railroads have now progressed so far as to make it almost certain that we will be able to give return passes over all the principal lines.

By order of the Local Committee,

H. T. WOODMAN, *Chairman.*
S. CALVIN, *Secretary.*

DUBUQUE, IOWA, July 4, 1872.

Gleanings from Our Exchanges.

SURGICAL TREATMENT OF ANEURISM.—The lectures of Mr. Holmes before the Royal College of Surgeons of England were devoted to this subject. The main propositions sustained by the accomplished lecturer were as follows:

1. Aneurisms, of whatever form or however near the heart they may be, ought not to be regarded as incurable, but should be

made the objects of definite methodical treatment, internal or external.

2. There is definite proof, from pathological anatomy and from surgical experience, of the curative influence of Brasdor's operation in innominate aneurism, and of its beneficial effects in some cases of aortic aneurism.

3. Arteries may be successfully tied and obliterated without their continuity being interrupted; and this modification of the ligature, whilst affording much security against secondary hemorrhage, and thus much diminishing the danger of the operation in general, may very probably in future enable surgeons to deal successfully with cases in which it may be necessary to tie the first part of the subclavian (whether on the distal or the proximal side of an aneurism) or the innominate artery.

4. Galvano-puncture may be used with, at any rate, temporary benefit in thoracic aneurism; its use is not so dangerous as to render further trials of it inexpedient; and there is good hope that the method may be so far perfected as to make it a safe and regular plan for the treatment of thoracic, subclavian, and other forms of aneurism.

5. Many cases, such as those in which ligation of the artery near to the heart has been resorted to for the cure of subclavian and subclavio-axillary aneurism, may be made amenable to improved methods of pressure.

6. Aneurismal tumors situated even as high as the lower part of the abdominal aorta, those of the mesenteric and other branches of the aorta, and of the iliac arteries, may be treated with success by rapid coagulation of blood under pressure; but this method is a dangerous one, and should not be used until internal treatment has failed.

7. There are cases of abdominal aneurism in which Mr. Syme's suggestion of reviving the old operation is worthy of further trial.

—*The Doctor.*

DIAGNOSIS OF THE FIRST STAGE OF CARCINOMA COLLI STERNI.—Prof. Otto Spielberg, speaking of the difficulty of distinguishing between simple inflammatory induration of the cervix uteri, and carcinomatous infiltration, gives the following as a certain indication of cancerous infiltration, viz.: "*A peculiar induration of the cervix, the disposition of its mucous membrane, and its reaction to the dilatation of sponge tents.*" He expounds each member of this rule.

The hardness of cancerous deposit in comparison with simple induration, is well known; but the distinction is frequently impossible to

make out, even by the most cultivated touch. The two other symptoms are unequivocal, and are as follows:

"First, the mucous membrane in cancerous growth is firmly connected with the underlying induration, and immovable over it, which is not the case in mere hyperplastic thickening and induration; and, second, while the latter, under the pressure of compressed sponge, in the cervical canal, becomes regularly even, though at times inconsiderably looser, softer and thinner, the cancerous infiltration remains unalterably hard and rigid, and cannot be stretched." He goes on to explain the reason for this difference between the products of the two inflammations from the locality where the cancerous inflammation originates, which is the utero-malpighii, or, in extremely rare cases, from the glands of the cervical canal. The latter form gives rise to the alveolar or colloid form, of which he has only seen one case. As a rule, the disease is developed from the interpapillary depressions of the epithelium. According as the growth of the epithelium into the tissues below is or is not attended by a simultaneous growth of the papilla, two forms of cancer may be distinguished—the papillary velous, or cauliflower excrecence, and the simple infiltrated form.—*Cincinnati Clinic (from Archiv für Gynäkologie)*.

SCHOLMANN ON SULPHATE OF QUININE IN CHOLERA.—In the *All. Wien. Med. Zeit.*, Feb., 1872, Dr. Scholmann says that in 1862 several American physicians, in the cholera epidemic of the Mississippi Valley, had obtained remarkable results from sulphate of quinine. The author lost, in the epidemic of 1866, in Western Texas, out of 220 cases of choleraic diarrhea and cholericine only three cases when he used the sulphate of quinine in grammes doses every two or three hours. Occasionally a quarter-grain dose of morphia was subcutaneously injected. When the diarrhoea did not disappear quickly, small doses of calomel were given hourly. Rest in bed and careful diet were observed. The author looks upon the way in which quinine acts as being due to its antiseptic properties; and he looks upon cholera, not as a parasitic disease, but as an acute tonic gastro-enteritis, with which is conjoined, in the period of asphyxia, an universal spasm of the vessels of the most marked form, a tetanus of the arteries. In whatever manner the poisonous particles enter the system is immaterial; the first symptoms of their entry are confined to the mucous membrane of the intestines, and it appears probable that at first the cause of the disease is a local and

distinct one. A slight incubation precedes the disease, on which the catarrhal stage follows.—*Medical World*.

ON THE TREATMENT OF DIABETES BY LACTIC ACID (CANTANI'S METHOD).—Dr. G. W. Balfour reports a series of cases of diabetes treated by Cantani's method with marked success. This method, as is well known, consists first, in confining the patient to an exclusively meat diet. This means plain meat roasted or boiled, without any sauces of milk or eggs, and certainly without any bread, flour, or any vegetable matter whatever, the only seasoning permitted being salt, oil, and a little vinegar. For drink he allows water, either plain or with a little of the purest alcohol; coffee, tea and wine being prohibited. The medicinal treatment being lactic acid 77 to 154 grains daily, diluted in from 8 to 10 fluid ounces of water. The lactic acid used by Dr. Balfour was obtained from the druggist fluid, not syrupy, of spec. grav. of 1.027, and with the ordinary smell of sour milk. The first case which the Dr. reports was complicated with phthisis. The patient died after about three months' treatment, having had no sugar in the urine for some time. The fifth case was much benefitted by the treatment. The sugar had entirely disappeared from the urine but he was disorderly and discharged from the hospital. Case 3, female, aged 15; Case 6, female, aged 17; case 4, male, aged 25; case 7, male, aged 35, had all been suffering from the disease from five months to three or four years. They are all much improved in strength and weight, and have no sugar in the urine, or at most only occasional traces of it; they are, however, still under observation. Case 2, male, aged 53; had been under treatment for the disease for more than a year. After three months' treatment, having for some time been restored to general diet, and no sugar appearing in the urine, he was pronounced cured and discharged. He has continued well since.

DR. BONFIGLI'S SUMMARY OF THERAPEUTICS.—In the *Riv. Clin. di Bologna*, February, 1872, Dr. Bonfigli mentions that Jones recommends belladonna in gradually increasing doses in spermatorrhœa. Atropine is recommended by Hosch in many cases of myopia. Philipson recommends belladonna in constipation.

Echeverria and MacDonald recommend conium as the best narcotic remedy for epileptics. The juice of the fresh plant is used.

Mr. Veagh considers datura tatula the best

remedy for asthma, far better than stramoniun.

Dr. Reichard, of Riga, has found chloral hydrate of great use in cholera; four grammes of chloral produced sleep in a few minutes, and the patient recovered.

Dr. Lutz has found great benefit from the use of bromide of potassium in epilepsy. His doses are large, from 10 to 20 grammes daily. No great inconvenience has been produced, except some few papules on the skin. In one case of nocturnal incontinence of urine it was very useful. Dr. Northrop says that a gramme of this salt every hour will get rid of tape-worm.

Dr. Palmberg has used ergot of rye with success in three cases of chronic diarrhoea. To children he gave 50 centigramme doses of the ergot in watery extract in one day; to adults he gives 1.20 grammes.

Dr. Vance alleges that he has obtained cures in some cases of palsy by the subcutaneous injection of strychnine, in the dose of five millegrammes of the phosphate.

CHLORALUM AND PREPARATIONS OF CHLORALUM AS DISINFECTANTS.—Prof. A. Fleck, Director of the Central Chemical Institution established at Dresden for the protection of the public health, has made a thorough investigation of the composition and value of these products, and with the following results:

1. The preparations of chloralum have nothing in common with the similarly sounding chloral hydrate, and are, in point of fact, mixtures of chloride of aluminium.

2. The preparations of chloralum contain chlorine combinations of lead, copper and arsenic, which renders their employment not free from danger, and which would render their employment as a medicine or as an astringent for open or suppurating wounds dangerous.

3. The price of the preparations of chloralum bears no relation either to their nature or their effect. Considering that the liquid chloralum yields a clear profit of at least 700 per cent., and the wadding 400 per cent., the limits of honest trading may be considered as overstepped.

4. The result of these experiments is that chloralum and the preparations made from the same must be classed among the worthless arcana, and in the interest of the public health, as well as in the material interests of the public, a most decided warning must be given against the purchase of the same.—

American Journal of Pharmacy, June, 1871, from Chemical Review, March, 1872, and Industrie Zeitung.

PHOTOGRAPHING THE PULSE.—The ingenious apparatus invented by Dr. Ozanam, of Paris, for rendering the variable beatings of the pulse visible, is already proving itself of practical value. It consists of a camera lucida, about ten inches wide, in which a piece of mechanism, moving at a uniform rate, pushes a glass plate, prepared with collodion, in front of a very narrow aperture exposed to the light. In this aperture is a glass tube, in which a column of mercury may rise and fall, as in a thermometer. By attaching to the wrist a rubber tube, filled with mercury, in connection with the tube of the apparatus, the beating of the pulse is received on this artificial artery, and the pulsations are transmitted to the recording apparatus. As the column in the tube acts as a screen, light can penetrate the aperture only where the column is deficient; consequently the prepared plate becomes black under the influence of light everywhere except at such places as the column intercepts it. As the column rises and falls with each pulsation of the heart, these black lines on the prepared plate, pushed regularly forward, will be shorter or longer alternately, and will be successively photographed as being lines perpendicular to a common base, the heart being thus made to register photographically its own pulsations. These photographic representations can be so magnified as to be rendered visible across a large amphitheatre; and such is the peculiarity of the apparatus, in its adaption to different uses, that it may be modified so as to register the variations of respiration, the irregular action of coughing, and similar physiological and pathological phenomena.—*The Arts.*

OZONE TESTS.—(1.) A strong phosphorous odor. (2.) A solution of iodide of potash and starch is colored blue by the same. (3.) A solution of thallic suboxide produces in a solution of ozone a brown precipitate of thallic oxide. Paper saturated with thallic suboxide is rendered brown by ozone. Paper saturated with salts is colored brown, that saturated with plumbic sulphuret or indigo is bleached. Blue litmus paper is bleached, turning finally yellowish red. An ozone solution, shaken with pure ethylie ether and potassie bichromate, does not color the ether blue.—*The Arts.*

DIGITALIS INFUSION.—According to Richet (L'Union Med.) the infusion of digitalis is more effective in dropsy than the decoction. Half-drachm to six ounces of water should be used in twenty-four hours.

Book Reviews.

We have received, through the bookstore of Jansen, McClurg & Co., of this city, the following valuable medical works:

Lectures on the Principles and Practice of Physic. Delivered at King's College, London, by Thomas Watson, Bart., M.D., F.R.S., Physician Ordinary to the Queen, Fellow and late President of the Royal College of Physicians of London, etc., etc., etc. Two volumes. From the fifth revised and enlarged English edition. Edited with additions and illustrations, by Mary Hartshorne, A.M., M.D., Professor of Hygiene in the University of Pennsylvania, etc., etc. Philadelphia: Henry C. Lea. 1872.

This is one of the most readable and interesting works on the practice of medicine, in our language; but its merits are so well known to our readers, that further comments are unnecessary.

A System of Surgery; Pathological, Diagnostic, Therapeutic, and Operative. By Samuel D. Gross, M.D., LL.D., D.C.L., Oxon. Professor of Surgery in the Jefferson Medical College of Philadelphia, etc., etc. Illustrated by upwards of 1400 engravings. Fifth edition, greatly enlarged and thoroughly revised. In two volumes. Philadelphia: Henry C. Lea. 1872.

This, also, is a new edition of a work well known to the profession as a full and complete treatise, embracing the whole field of surgery. The present edition has been thoroughly revised by the author, and is truly a monument to his industry and practical experience. The publishers have also done their work well in the mechanical execution of these two ponderous volumes. We commend the work unreservedly to the patronage of the profession.

The following have been received through the bookstore of W. B. Keen, Cooke & Co., of this city:

The Year-Book of Therapeutics, Pharmacy, and Allied Sciences. Edited by Horatio C. Wood, Jr., M.D., Professor of Medical Botany, University of Pennsylvania, Phy-

sician and Lecturer on Clinical Medicine to the Philadelphia Hospital, etc., etc. New York: William Wood & Company. 1872.

This is a neatly published volume of 360 pages. Its contents are divided into five parts, namely: Therapeutics; Materia Medica; Toxicology; Prescriptions and Formulas; General Recipes. Under these several heads the editor has arranged abstracts from the current periodical literature of the year, sufficient to give a fair indication of the progress made in these important departments of medical science. It will be found a very convenient and valuable book of reference.

Half-hour Recreations in Popular Science. Edited by Dana Estis. No. 4. Spectrum Analysis Discoveries. Showing its Application in Microscopical Research, and to Discoveries of the Physical Constitution and Movements of the Heavenly Bodies. From the works of Schellen, Young, Roscoe, Lackyer, Huggins, and others. Boston: Lee & Shepard. New York: Lee, Shepard & Dillingham. Price, 25 cents.

This is the fourth number of a monthly series, devoted to popular science. It contains 48 neatly printed pages, with several well executed illustrations. The subjects discussed are correctly indicated by the title page just quoted. The whole series will be found highly entertaining and instructive.

BROMIDE OF POTASSIUM.—A lad of twenty years of age, after taking half-drachm doses of bromide of potassium twice daily for a fortnight, complained of loss of memory, and on inquiry Dr. J. Haddon, (*British Medical Journal*) found that the patient called things by their wrong names, and very often forgot the name he desired to pronounce.

MONEY RECEIPTS TO JULY 15th, 1872.—James F. Fitzsimons, \$5.00; A. F. Chandler, \$3.00; C. B. Wright, \$1.50; J. P. Anthony, \$2.00; R. E. McVey, \$3.00; N. W. Abbott, \$3.00; J. S. Kitchen, \$3.00; A. N. Richardson, \$1.50; W. T. Knapp, \$3.00; T. O. Bannister, \$3.00; J. W. Bond, \$3.00; J. W. Harmon, \$3.00; D. L. Manchester, \$6.00.

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vii.

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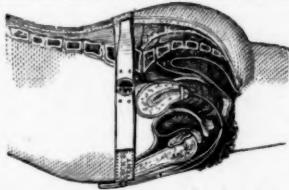
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